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BIBLIOTHECA MEDICA CANADIANA

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BIBLIOTHECA MEDICA CANADIANA

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AVERTISSEMENT AUX AUTHORS / INFORMATION FOR CONTRIBUTORS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association, whenever possible. Submissions in English or French are welcome, preferably in both languages. Deadline for the next issue is: 18 April, 1980.

Editorial Address / Rédaction

Patrick J. Fawcett
Medical Library
University of Manitoba
770 Bannatyne Avenue
Winnipeg, Manitoba R3E 0W3

Abonnements / Subscription Address

Sandra Duchow
Medical Library
Royal Victoria Hospital
687 Pine Avenue West
Montréal, P.Q. H3A 1A1

Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques canadiennes de la santé et les bibliothécaires eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bievenus, mais il serait préféreable de les rédiger dans les deux langues. La date limite pour un envoi à paraitre au prochain numéro est: 18 avril 1980.

MOT DE LA RÉDACTION

J'écoutais récemment un sénateur américain discutant de la situation à Téhéran, invectivant sans vergogne l'islamisme et pratiquement tout ce qui n'était pas américain. Je l'avais déjà étiquetté "sale raciste" quand il s'interrompit soudain pour déclarer, dans le plus pur style nixonien: "je ne suis pas un fanatique!"

Il a raison, bien sûr.

Personne n'est fanatique à ses propres yeux. Ce sont les autres qui s'égarent, pas nous. Nous avons des opinions éclairées, les autres ont des préjugés. Nous sommes fermement convaincus. Les autres sont des fanatiques. En tant que bibliothécaires, nous desservons également bien tous les milieux sans préjudice de sexe, de race, de religion ou de statut professionnel.

Est-ce bien vrai?

Je n'ose compter le nombre de fois où j'ai marmonné ou entendu marmonne des commentaires qu'on ne saurait dire à haute voix sur les origines, l'intelligence les moeurs ou l'avenir réservé à des personnes relevant de certaines disciplines... Evidemment, ces remarques empoisonnées se justifient aisément du fait que nous venons tout juste de rencontrer le personnage en question! En fait, nous nous excusons du préjugé parce qu'il est "post-jugé!". Comment, après qu'il m'eut fallu trente minutes pour faire compredre à une infirmière pourquoi le mot "pain" ne s'applique pas dans le cas d'une recherche MEDLINE, ou après avoir observé avec une joie machiavélique deux psychiatres en venir aux coups (ou presque) faute de s'entendre sur lequel des termes il fallait choisir, ne pas conclure que tous les psychiatres et les infirmières sont des imbéciles?

Mais, encore une fois, en jargon nixonien: ce serait une erreur!

Et pourtant, tout bibliothécaire ou employé de bibliothèque se laisse aller, tôt ou tard, à typer ses lecteurs à partir de la profession qu'ils exercent. On doit constater non sans ironie que, nous, les bibliothécaires, tout en protestant avec véhémence contre les stéréotypes dont on nous affligent, n'hésitons pas à exercer le même violence verbale à l'égard de nos usagers. (A preuve: la plupart des bibliothécaires médicaux vous diront que les pédiatres sont habituellement des personnes courtes aux cheveux bouclés qui ont tendance à sautiller en marchant.) Les stéréotypes mènent droit aux préjugés ce qui fait qu'on rejette un individu à cause de groupe auquel il appartient plutôt que de le juger à ses propres mérites.

Il n'est pas question de faire disparaître le fanatisme dans les services aux lecteurs, par plus qu'il n'est possible de la contrôler dans le monde entier. Il vaut la peine, cependant, de réfléchir sur notre motivation dans nos rapports avec chaque individu. Sommes-nous d'abord préoccupés de lui fournir l'information dont il a besoin ou ne réagissons-nous pas d'abord en fonction des préjugés que sa profession suscite chez nous?

Je vais y réfléchir et essayer d'y penser la prochaine fois qu'une infirmière ou un psychiatre viendra s'adresser à moi.

Traduction gracieusement fournie par: Pierrette Dubuc.

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FROM THE EDITOR

I was listening to an American senator recently, speaking on the situation in Teheran, and he was spewing all sorts of vicious invective about Iranians, Islamism, and practically everything else non-American. I had already dismissed the man as a blatant racist when he suddenly interrupted himself to declare, in best Nixonian fashion, "I am not a bigot".

He's right, of course.

No one is a bigot in their own eyes. Prejudice is a label for the other fellow's opinions, not ours. We have firm views, someone else has a prejudice. We display strong judgement, someone else displays bigotry. And as librarians, we serve all areas of our user community equally well without prejudice to sex, race, religion, or health speciality.

Or do we?

I could not begin to count the number of times I have heard either myself or those around me muttering something unprintable about the parentage, intelligence, sexual habits, or future prospects of people working in a particular health discipline. Usually, we tend to justify these opinions on the grounds of a recent encounter with some representative of the group in question. In essence, we try to justify prejudice as a post-judice. So, after spending thirty unsuccessful minutes trying to explain to a nurse why the word "pain" is not suitable for a MEDLINE search, or watching with macabre fascination as two psychiatrists sitting in my office almost come to blows over which jargonistic expression best suits their particular tale, I feel justified in dismissing all nurses and psychiatrists as idiots.

But, to resort to another Nixonian phrase: that would be wrong.

And yet, all library staff members are guilty to some degree of typecasting people by virtue of their professional affiliation. Ironically, for a profession which has often screamed long and loudly at being unfairly stereotyped, we are frequently caught casting our own stereotypes upon the people we serve. (Case in point: most medical librarians will tell you that paediatricians are usually short fellows with curly hair who tend to skip a little when they walk.) Stereotypes lead to prejudice, and that leads to dismissing or disliking an individual because of the group he belongs to rather than judging him upon his own merits and demerits.

No one is going to outlaw bigotry in the provision of library services, any more than we are capable of controlling the same in the world at large. But it might be interesting to reflect upon our rationale for providing service to an individual. Is it being given to satisfy his needs as a single library user, or do we slant it according to our prejudice towards the group to which that person belongs?

I'm going to try and keep that thought in mind the next time a nurse or psychiatrist comes to see me.

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THE PRESIDENT'S REPORT

- MARTHA STONE

The first year of my being President of CHLA/ABSC is now half completed. In a way, it is a good time to reflect upon some of the accomplishments to date as well as tasks to be completed and undertaken.

In October, 1979 the Board of Directors held its first meeting in Ottawa. The enthusiasm and interest exhibited by the Board was just one indication of their dedication to the development and growth of our organization.

I am very pleased to report that on 5 December, 1979 CHLA/ABSC was formally incorporated at the federal level. Apart from the legal niceties of this act, the incorporation allows us, as a non-profit organization, to apply for grants in support of our internal activities and programmes and in support of external projects which we would like to sponsor.

Toward this end, CHLA/ABSC is negotiating with CIDA for financial support to send three librarians, from developing countries, to the 4th International Congress on Medical Librarianship to be held in Belgrade, Yugoslavia this September.

As we are aware, due to the energies of our past Board, last year we made great strides towards formalizing the relationship between MLA and CHLA/ABSC. This liaison was realized by the signing of a Bi-lateral agreement on 5 June, 1979 by the Presidents of the two associations. This momentum has been continued by the appointment of official representatives from the two associations. From CHLA/ABSC, the representative is Eve-Marie Lacroix, Head, Health Sciences Resource Centre, CISTI and from MLA, Gerald J. Oppenheimer, Director, Health Sciences Library, University of Washington. Due to the nature of the Bi-lateral agreement, areas of concern and the issues that must be addressed, an advisory committee has been formed to assist Eve-Marie in her deliverations with MLA. The members of the Advisory Committee are M.A. Flower, Frances Groen, William Fraser, and David S. Crawford.

News from Bill Fraser, Programme Chairman for the 1980 Conference. In the coming weeks, you will be receiving information about the annual meeting of CHLA/ABSC in Vancouver, 10 and 11 June. I would like to say, only at this time, that the plans are well in place and that the conference should be exciting and informative. The theme of the conference is Information Needs of the Health Sciences. CE courses are planned, with at least one emphasizing the Canadian perspective. I do hope that as many of you as possible will be able to come to Vancouver and participate in what is developing into a terrific programme.

One of the activities which must be carried out before the annual meeting is the election of Board members. To accomplish this, a nominating committee under the chairmanship of David S. Crawford was formed on 1 December, 1979. The members are Ann Neville of Dalhousie and Anna Leith of UBC. Soon you will be receiving a call for nominations in addition to an up-to-date membership list. I urge you to participate fully in the election process for only by your involvement will the association continue to grow and prosper.

My final word, at this time, is to advise you of a change in my professional address as well as a change in my career. As of mid-February, I will hold the position of Associate Director of Information Sciences at IDRC (International Development Research Centre). To assume this position, I have

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- M STONE, ASSOCIATE DIRECTOR OF INFORMATION SCIENCES, IDRC, OTTAWA.

been granted a leave of absence from Health and Welfare Canada as their Department Librarian. For those of you who will be receiving correspondence from me on strange letterhead, you will now understand why.

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RAPPORT DE LA PRÉSIDENTE

- MARTHA STONE

Cela fait maintenant presque six mois que je préside l'ABSC et je crois qu'il serait bon, à ce stade, de faire le point sur certaines de nos réalisations et d'examiner ce qui nous attend.

Le Conseil d'aministration s'est réuni pour la première fois à Ottawa, au mois d'octobre 1979 et l'enthousiasme et l'intérêt qui qniment les membres du Conseil marquent leur dévouement à l'égard de l'essor de notre organism.

Le 5 décembre 1979, l'ABSC a officiellement été constituée en corporation au niveau fédéral et il s'agit pour nous d'un événement saillant. En effet, outre les avantages que ce changement nous apporte sur le plan légal, il nous permet maintenant, à titre d'organisme à but non lucratif, de demander des subventions destinées à financer nos activités et programmes internes, de même que les projets externes que nous aimerions parrainer.

A cette fin, l'ABSC a entamé des pourparlers avec l'ACDI dans le but d'obtenir les fonds requis pour envoyer trois bibliothécaires de pays en développement au 4^{e} Congrès international des bibliothécaires médicaux, qui se tiendra en septembre prochain en Yugoslavie, à Belgrade plus précisement.

Comme vous le savez, les efforts déployés par les membres de l'ancien conseil, l'an dernier, ont grandement contribué à rendre officielles les relations entre l'ABSC et la MLA, grâce à un accord bilatéral, signe le 5 juin 1979 par les présidents des deux associations. Cette première initiative a été suivie de la nomination de représentants officiels de nos deux organismes. La représentante de l'ABSC est M^{me} Eve-Marie Lacroix, Chef du Centre bibliographique des sciences de la santé (ICIST) et c'est M. Gerald J Appenheimer, Directeur de la Health Sciences Library de l'Université de Washington, qui représente la MLA. En raison de la nature de l'accord bilatéral, des questions qui nous intéressent et des difficultés à résoudre, un comité consultatif a été formé pour aider M^{me} Lacroix dans ses délibérations avec la MLA; les membres de ce comité sont M^{mes} Flower et Groen et MM. William Fraser et David S. Crawford.

Voici quelques nouvelles de M. Fraser, Président des programmes de la Conférence de 1980. Au cours des prochaines semaines, vous recevrez des renseignements sur la recontre annuelle, qui se tiendra à Vancouver les 10 et 11 juin.

Tout ce que j'ai à vous dire à ce sujet, pour le moment, c'est que les plans sont prêts et que la conférence, qui s'avèrera certainement des plus intéressantes, sera centrée sur le thème des "Besoins en information dans la domaine des sciences de la santé". Des cours de perfectionnement sont aussi prévus et au moins l'un d'entre eux mettra l'accent sur la perspective canadienne. J' espère que vous viendrez nombreux à Vancouver et que vous pourrez prendre part à ce qui est en voie de devenir un programme extraordinaire.

L'élection des membres du Conseil est l'une des activités qu'il nous faut entreprendre avant la rencontre annuelle. Un comité de nomination, présidé par M. David Crawford, a été établi à cette fin, le 1er decembre 1979; les membres de ce comité sont M^{me} Ann Nevill, de l'université Dalhousie, et M^{me} Anna Leith, de l'université de Colombie-Britannique. Vous recevrez bientôt un avis de nomination, de même qu'une liste mise à jour des membres. Je vous incite à participer

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- M STONE, ASSOCIATE DIRECTOR OF INFORMATION SCIENCES, IDRC, OTTAWA.

à cette élection, car la croissance de notre association repose sur votre engagement.

Avant de terminer, je voudrais vous annoncer un changement au niveau de ma carrière et de mon lieu de travail. A compter de la mi-février, j'occuperai le poste de Directeur adjoint des sciences de l'information, au Centre de recherche pour le développement international (CRDI). Afin de remplir ces nouvelles fonctions, le ministère de la Santé nationale et du Bien-être social m'a accorde un congé spécial. Ceux d'entre vous qui recevrez une lettre de ma part compredront donc pourquoi l'en-tête est different.

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WELCOME TO VANCOUVER
- BILL FRASER

Inserted with this issue of the BMC are the registration form and preliminary programme for CHLA/ABSC's fourth annual meeting in Vancouver, 9-11 June. Members of the Association's B.C. chapter extend a warm welcome to all of you in other parts of the country.

We can guarantee that it will be warm (not hot) on the West Coast in June. Hopefully, we will give you sunshine and a sea breeze but it may (as you know) gently rain.

No formal tours of libraries are planned during the CHLA/ABSC meeting, but anytime while you are in Vancouver you will be welcomed at UBC's Woodward Biomedical Library, the B.C. Medical Library Service, Vancouver General Hospital Library and, in fact, any other local health library which might catch your interest.

There is much to see and do in downtown Vancouver. A block south of the Hotel Georgia is the new Robson Square, worth a browse. Head north and then east and in a few minutes you will be in Gastown, old Vancouver with its honky-tonk atmosphere and tourist shops. If you really want to stretch your legs, head west from the hotel along Georgia Street to Stanley Park.

Public transportation or a taxi will take you to Granville Island with its large public market, small theatres and restaurants. You might want to walk from there along by the seawall through new housing developments on the shores of False Creek.

Art lovers may be able to step across the street from the Georgia Hotel if the art gallery is moved to the old Courthouse by then. A must for anyone who enjoys West Coast Indian art is the Museum of Anthropology on the UBC campus.

In addition to Stanley Park, outdoor enthusiasts will enjoy the mountain splendors of the north shore of Burrard Inlet. Views from Grouse Mountain, Mount Seymour and Cypress Bowl can be spectacular. Pack a sweater for it can be cool in those altitudes. And then there's the sea. A short taxi ride from the hotel will take you to the dock where harbour cruises leave regularly. Swimming and sailing are a little farther away.

As for entertainment, there should be much to choose from: plays, symphony concerts, jazz performances, night clubs and dancing. Vancouver is a great city to visit. We look forward to seeing many of you in June -- rain or shine!

- W FRASER, PRÉSIDENT DES PROGRAMMES DE LA CONFÉRENCE DE 1980.

CANHELP CORNER

- M. A. FLOWER

THE CANHELP COMMITTEE

The CANHELP Committee will function as the central decision-making body for the CHLA/ABSC CANHELP Project. Participants will all be active members of CHLA/ABSC. Each individual member of the Committee will bring to the project as broad an understanding of the national health library scene as possible, as well as practical knowledge in a specific area, such as: regional familiarity, work experience in a particular type of health facility, or a history of participation in health library activities in Canada. Currently, there are five members who have accepted the opportunity: Bill Fraser, Vancouver (hospital libraries, library education); Frances K. Groen, Montreal (funding, academic libraries, library education); Sheila Swanson, Toronto (hospital library standards, Ontario health libraries); Martha Stone, Ottawa (CHLA/ABSC President, government activities); and M.A. Flower, Montreal (sundries), Chairman. Others are being recruited to represent other sections of Canada and other types of knowledge.

In order to make the national seminar proposed by the CANHELP Project a reality, there are three fundamental resources which the CANHELP Committee must cultivate. We need knowledgeable prople, adequate funding and friendly hosts. Proposals for financial assistance will be one immediate concern. For, due to the vigorous approach of our President, Martha Stone, to the Constitution this summer, the CHLA/ABSC is now formally incorporated under the Canada Corporations Act and the stage is set for us to begin. The choice of a site at which the proposed seminar can best be held will be another early decision made by the Committee. This choice should probably fall on a university in any one of the Canadian provinces, where an open forum can be provided for our discussions of health libraries and their role in the Canadian health system.

Contacting people who know about health libraries in Canada will be an on-going concern. CANHELP Committee members will be assisted in this by the Advisory Group which is being drawn from among Canadian health professionals outside the CHLA/ABSC. In reality, members of the CANHELP Committee will have the chance to play more than the planning role in our national seminar scenario. During the seminar, many of them can be expected to be noticeably active. And, after the spotlight has vanished, it will be in the CANHELP Committee that the proposals outlined in the Seminar Report will first be transformed into a Design for Action, which can be presented to the CHLA/ABSC membership as a whole.

Every member of CHLA/ABSC has a stake in the CANHELP Committee. The members represent YOU. When they turn to you for assistance, they will be counting on you to respond.

- MA FLOWER IS CHAIRMAN OF CHLA/ABSC'S CANHELP COMMITTEE.

REPORT OF THE CANADIAN HEALTH LIBRARIES SURVEY

- M. A. FLOWER

The questionnaire entitled What Do Canadian Health Libraries Need? is the first attempt which the CHLA/ABSC has made to document some of the limitations which many of the membership have experience in labouring to deliver professional information in the health field. In a sense, it is the first tentative step towards autonomy or, in another metaphor, the first freehand outline of our own face. It is not, however, a great stride forward, nor is it a distinct picture of ourselves. The questions asked were not many, and they were worded broadly to allow as much as possible for individually interpreted responses to the situation at hand. Responses came from 36% of the membership, a little over one-third. This was in spite of a snarl in the mailing which confused the timing of the returns.

Profile of the Participants

60% of the answers came from hospitals, 25% from universities. Government libraries and health association libraries accounted for 7% each, and, stretching across these, our francophone members accounted for 7% of the total. The largest number of responses came from the Montreal area, which was the point of mailing; and the central triangle of Toronto/Ottawa/Montreal accounted for 35%. The four western provinces were not far behind with 30% of the responses, and the Maritimes came through with 11%. There was a considerable number of responses from outside the main urban areas in all of the provinces, but Ontario accounted for the highest percentage of these with 7%.

The majority (63%) of our respondents were trained librarians and this reflects the circumstance that many of these were founding members of the Association. 20% of them, the number of professional librarians responding from Ontario with its multiplicity of university centers, equalled the number of professionals responding from all the western provinces together. Another 16% responded from Quebec and 7% from the Maritimes.

Ontario led the way also in the number of library technicians and library assistants who responded. Of the 13% of the respondents who belonged to these two categories, and also came from Ontario, exactly half had completed technicians' courses. The same split appeared in Manitoba and Quebec whence came another 10% of the answers which fell into these two categories. There were no library technicians responding from the Maritimes, and only one each in British Columbia and Alberta. Altogether, 14% of the respondents had earned library technician certificates; 16% of them had come into health libraries from a variety of backgrounds which contributed to their ability to learn on the job.

Topics Under Review

Basically, three multiple-part questions were addressed in the CHLA/ABSC questionnaire, all parts of them concerning some aspect of interaction among health library personnel on a local, regional or national basis. This was an attempt to deal with the one hard reality which affects virtually all health libraries in Canada: the almost insurmountable isolation within an institution, or a community, or a province. The hope was that the membership of the Association could perhaps see, from where they are, which programmes might make the most effect difference -- in other words, where to begin.

As might be expected, the most revealing comments were the voluntary inserts. A lonely librarian in a psychiatric hospital wrote out her frustrations

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- MA FLOWER IS THE IMMEDIATE PAST PRESIDENT, CHLA/ABSC.

in the margins, and university librarians all across the country included trenchant comments, itemized a, b and c. These were the imaginative suggestions, many of them excellent solutions to real problems.

Existing CHLA/ABSC Programmes

It is evident from many of these comments that the CHLA/ABSC has already anticipated one of the major requirements of health libraries throughout Canada: the need for information about health resources that are specifically Canadian. This need was expressed in many forms: requests for lists of Canadian periodicals, government documents, bibliographic services, directories, health-related organizations, manuals and core lists. The need for materials oriented to the Canadian health field was endorsed by 99% of the participating members, 60% of them from hospitals, 24% from universities and 15% from other types of libraries. We hope our forthcoming publication, Canhealth/santé Canada, will supply these needs.

The hope that CHLA/ABSC annual conferences might become a major form of professional orientation for library personnel in the Canadian health community was also heartily endorsed. Support came from 79% of the respondents, representing all types of health libraries and all levels of training. From the individual comments in the margins it was apparent, however, that some members responded wistfully, being very much aware that support from their institutions for travel to conferences in this broad land could not be taken for granted. This knowledge may have added considerable impetus to the enthusiasm these CHLA/ABSC members also showed for encouraging workshops and seminars in their own districts.

Expression of General Needs

Continuing education courses drew a 99% response from CHLA/ABSC members who responded to the questionnaire, of which 48% considered them "very important", and another 48% considered them "important". Only six people indicated that they would not participate in a continuing education programme, even if it were parked on their doorstep. 21% of the responses came from the western provinces, and 14% from the Maritimes; Ontario accounted for 33% and Quebec for 23%. One of the requests that surfaced was for CE credits in Canada.

The topic most often referred to in notes, after Canadian content, was workshops and seminars, especially on the many aspects of library management in a health setting. The question on this subject drew an 82% response. Of these answers, 33% indicated that management workshops were available in their area, but only five people gave these a rating. Of those who did not have ease of access to management workshops or seminars, 59% rated them 1 to 3 in the value they felt could be gained from such study sessions. Only two people saw no value in them at all. Workshops of this kind could be satisfactorily presented at almost any level and in almost any setting. They could be designed as nationally set continuing education courses, or more modest regional programmes. One request was that local workshops on these topics be run by CHLA/ABSC Chapters. This letter request should be coupled with the indication that came through in connection with annual conferences, that in many cases travel to the site of the meeting was a prohibiting factor.

In addition, 23% of the respondents asked for manuals as well, the most such requests coming from Alberta, Manitoba, Quebec and Nova Scotia. Another suggestions was a series in the BMC on management topics. Hospital library management was not the only topic suggested. A government librarian wanted something much broader than that, and several people mentioned training in online

searching. One request from outside the main urban areas was for a seminar on medical references.

Interaction with Colleagues

One activity which is viewed with exceptional interest by the membership of CHLA/ABSC is the possibility of interaction with colleagues at all sorts of levels. Although there were two questions on two different aspects of this idea, to which the combined response was 91%, more than a third of the free comments also referred to it. Some reported their satisfaction at belonging to a local group; others wished they had one; some people just wanted to know others' solutions to the problem they were facing; and some librarians, isolated in a special facility, such as a provincial government or association health library, yearned for contact with colleagues in a similar facility elsewhere in the country. Predictably, hospital librarians were the most enthusiastic about getting together, in groups or just over coffee. In Ontario and Quebec, 77% of the enthusiasm came from the hospitals, and the majority of such respondents in both provinces were trained librarians.

In seeking for working arrangements with the health librarian at the nearest university, 70% of those in favour were in hospitals in all the provinces, with the largest concentration again in Quebec and Ontario. 48% rated this kind of professional association in first place. And one put it more succinctly by calling it an opportunity to "dial an expert".

Local and Regional Cooperation

The response from across Canada concerning the importance of the large biomedical research collections to the hospitals as a resource for interlibrary loans left little room for argument. 61% of the answers came from hospitals which rated this service not only "important" by overwhelmingly "very important". Responses from the universities amounting to 16% confirmed that this capability was important to the health community in their areas. Reference assistance from the universities was also acknowledged by a significant number of Canadian hospitals as a highly valuble support for their information services. 56% of the answers on this topic came from hosptials, and they divided almost evenly between "important" and "very important".

The local union list of biomedical serials was also universally acclaimed as an important tool for library administration in Canada. 80% of the respondents answered this question and, of these, only 16% had no access to a union list of this sort. Such members tended to be isolated in the smaller communities. 70% of the respondents rated regional union lists as of number one value, whether they had access to them or not, and the combined ratings of one and two covered 90% of the answers to this question. Somewhat surprisingly, considering all the effort that has gone into developing these lists in most regions, all those who indicated that they held union lists in low esteem were, without exception, librarians who had them at their disposal.

50% of the CHLA/ABSC members who answered the questionnaire responded to the idea of a union catalogue of biomedical books. Of these, 24% were already involved in such an arrangement, mostly in Ontario and Quebec where the UNICAT/TELECAT system is being put into effect. 35% of the respondents rated such a list as a number one priority, another 30% rated it number two, and 31% gave it a middle rating of three or four. The most enthusiastic about this possibility on a community basis were hospital librarians in Ontario and Quebec who are perhaps closer to achieving cooperative interaction than those in some other areas. This is a potentially massive and expensive project which would be most effective online, and should therefore probably be treated

as national in scope.

Cooperative book buying drew a 56% response from CHLA/ABSC participants in the questionnaire. Of these, 18% had some form of cooperative planning for acquisitions already functioning. This included universities, hospitals, government libraries and community colleges. In fact, 64% of these responses came from universities in Ontario, Quebec and Nova Scotia, but it was not clear whether their cooperative buying referred to on-campus rationalization or regional cooperation.

The Role of the Health Sciences Resource Centre

One question in particular concerned the Health Sciences Resource Centre at CISTI. The question concerning a visit from an HSRC representative was answered by 59% of the respondents and, of those, 86% rated such a visit at 2nd, 3rd, or 4th on their list. In the centre of the country, through Manitoba, Ontario and Quebec, 57% of the responses came from hospitals. Combining the west and east, 67% of the responses came from hospitals. Of this group of hospital librarians, 33% were trained librarians and 35% were library technicians, trained both in school and on the job. They want to know what HSRC is all about and what it can do for them.

From the independent comments that were made, there seems to be considerable speculation about CISTI. Some librarians just want more information about its activities; others suggest that it might provide local workshops on online searching, and that it might also inform the health library community on national and international information developments in the health field. A government library in Ontario is looking for a back-up resource collection in basic medical science and is wondering whether an arrangement with CISTI would be more beneficial than one with the University of Toronto. A government librarian in the Maritimes hopes that the BMC may carry an article on government libraries across Canada and outline the services they supply to public health staff and the resources they find most useful. The question is: who has the resources to produce such a report? Does the HSRC staff?

Funding Grants

The final question put to CHLA/ABSC members concerned extra grants for collection development. It drew responses from 64% of those who answered the questionnaire. Of these, only 9 librarians had access to extra grants, of which four were university librarians in Quebec and one in Alberta. Three hospital librarians said they had grants, two in Quebec and one in Ontario. And an association librarian in Ontario has a foundation grant for a special collection. 42% of the respondents rated extra funding as a number one priority for improving their collections. 28% rated it as number two in importance and these combined figures stretched right across the country into all types of health libraries. All respondents from Nova Scotia who answered this question rated the funding number one, and from Ontario 46% of those who answered rated it also number one. In Quebec, 42% of the respondents rated extra funding as a number two priority and in Manitoba 57% rated it the same. Some correspondents listed specific needs for extra funding on a limited basis apart from collection development, such as computer time to update a union list, or development of a set of courses for health workers in library use. One particular hospital librarian in Quebec wants a study done on methods to speed up the acquisitions process. Other hospital librarians listed support for staffing or alleviation of budget cutbacks as essential financial needs.

From the Maritimes came a plea for travel funds in order to facilitate interaction and professional enrichment. Also from the Maritimes came a

suggestion, which has been heard before, for an interlibrary loan subsidy to keep down the lending fees of the larger institutions. Support of the larger resource collections was also suggested, along with access to new data bases and rationalization of a union catalogue of biomedical books in Canada. Many of the local cooperative efforts need priming money as well. Developing union lists, setting up courier services or professional development courses, even producing self-development packages that could be used as correspondence courses in health library management; all these require primary funding. It is hard to repress the notion of a federal health libraries resource fund.

Summary

Although the CHLA/ABSC survey is only preliminary and should not be overemphasized, it does point to some of the major concerns of health librarians currently working in the various provinces in Canada. These are continuing education, local cooperation and certain specific projects which will improve health information services in a given area. The needs are for resource people who can develop continuing education materials, consult and teach, technological resources to augment regional projects, and funding to bring local cooperative ventures into reality. The CHLA/ABSC accepts all these goals as well worth striving for. It must now go out and find support throughout the health community in Canada to get the jobs done.

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RAPPORT DE L'ENQUÊTE SUR LES BIBLIOTHÈQUES DE LA SANTÉ DU CANADA; RÉSUMÉ

- M. A. FLOWER

Une enquête auprès des membres de la CHLA/ABSC a été menée en utilisant un questionnaire intitulé: Quels sont les besoins des Bibliothèques du Canada? Ce questionnaire a été envoyé aux membres au mois de mai 1979. Il y eut 36% de répondants. De ceux-ci, 60% viennent des hôpitaux, 25% des universités et 7% viennent soit des gouvernements ou d'associations de bibliothèques de la Santé. Le triangle central Toronto/Ottawa/Montréal compte pour 35%, les quatre provinces de l'Ouest pour 30% et les Maritimes pour 11%. 63% des répondants sont des bibliothécaires d'expériences, 14% sont des bibliotechniciens et 16% n'ont aucune formation particulière en bibliothéconomie des sciences de la santé.

L'éducation permanente est un des points majeurs qui ressort de cette enquête et 79% des répondants favorisent l'assemblée annuelle de la CHLA/ABSC pour réaliser cet objectif. 99% veulent que des cours de perfectionnement soient organisés et que ceux-ci comportent des crédits attribués par un organisme canadien. 82% veulent des journées d'études sur la gestion des bibliothèques et seulement 33% de ceux-ci en ont déjà eues, dans leurs régions. 23% désirent des manuels de travail et 99% cherchent des publications canadiennes qui portent sur la santé.

Les occasions d'échanges avec les collègues sont un des éléments très importants de ce questionnaire car 91% des répondants ont hâte de pouvoir participer à un groupe de travail local. 70% tentent d'établir des ententes de travail avec le bibliothécaire des sciences de la santé de son université locale et l'accès, à une grande collection portant sur les sciences biomédicales pour

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- MA FLOWER IS THE IMMEDIATE PAST PRESIDENT, CHLA/ABSC.

obtenir des prêts-entre-bibliothèques, est favorisé par 61% des répondants des hôpitaux. L'importance de cet aspect est reconnu également par 16% des répondants des universités.

Des 80% des répondants qui souhaitent la création d'une liste collective locale des périodiques biomédicales, seulement 16% de ceux-ci n'ont pas accès à une telle liste. 24% sont également impliqués dans le développement d'un catalogue collectif des livres biomédicales et 56% des participants sont intéressés par les coopératives d'achats de volumes tandis que 42% aimeraient recevoir des subventions supplémentaires pour améliorer le développement des leurs collections.

Finalement, 59% des répondants espèrent être visités par un représentant du Centre Bibliographique des Sciences de la Santé et, la plupart de ceux-ci sont des bibliothécaires d'hôpitaux; ils désirent savoir ce qui retourne de cet organisme.

Même si l'enquête de la CHLA/ABSC est une enquête préliminaire, qu'il ne faut pas surestimer, elle fait ressortir des préoccupations majeures des bibliothécaires des sciences de la santé qui travaillent dans les différentes provinces canadiennes. Celles-ci sont l'éducation permanente, la coopération locale et des projets spécifiques qui mettront à l'épreuve les services d'informations biomédicales d'une région donnée. Il en ressort donc que les besoins les plus importants sont: d'avoir des personnes ressources qui peuvent créer des outils d'éducation permanente, être des consultants et des professeurs, et d'avoir également les ressources technologiques pour optimiser les projets régionaux et les fonds qui vont permettre la réalisation des projets coopératifs locaux. La CHLA/ABSC accepte tous ces différents objectifs comme étant très importants à réaliser. Il faut maintenant trouver un support dans le milieu de la santé au Canada afin que ce travail se fasse.

Traduction gracieusement fournie par: Bernard Bédard.

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NURSES CURRENT AWARENESS SERVICE IN NEWFOUNDLAND-LABRADOR

- ISABEL HUNTER

A Current Awareness service for nurses in Newfoundland-Labrador was started in May, 1979 at Memorial University Health Sciences Library in St. John's, Newfoundland. The service is directed mainly to nurses practicing in Cottage Hospitals and Nursing Stations, although some Public Health Nurses are also included. The service was instituted in response to a need which had been expressed both directly, by some of the Nursing Faculty and students of the Outpost Nursing Graduate course at MUN, and indirectly in the way in which the practicing nurses requested material suggesting that they were not fully aware of the range of library services and materials that was available to them from the University.

A mailing list of 87 names was compiled from a previous general mailing list and from the 1979 Canadian Hospital Directory. The common denominator among the nurses is that they practice nursing and/or midwifery in circumstances which may best be described as isolated, either geographically or professionally, or both. A letter was sent in April to all of these women (there are at present no male nurses working in these areas) introducing the service and explaining how it would work. After four months, a questionnaire was mailed in order to assess the service, to find out if it was serving its intended purpose, and what faults the nurses found with it. A follow up letter corrected some misunderstandings which had become apparent when the survey results were tabulated, and served also to keep communication lines open between the Library and the nurses.

This is the way the Current Awareness service works: Each month the library staff photocopies the pages of contents of five journals, which are mailed to each nurse on the list. The nurse in turn checks off articles which seem to be of interest to her and returns the pages to the Library. The requested articles are then mailed to her, usually within a week. (For the first few months, a library-addressed enveloped was included, which may be construed as "spoon feeding", or "providing complete library service", depending on your viewpoint and budget.) Journal titles were arbitrarily chosen in the beginning by the librarians and announced in the preparatory letters sent in April. At that time, it was requested of the nurses that they let us know whether or not these titles were of interest and of use to them. It was also asked that the nurses suggest other titles in lieu of or in addition to these. The journals chosen were: American Journal of Nursing, Journal of Obstetrical and Gynecological Nursing, Maternal and Child Nursing Journal, Nursing Forum, and Patient Care.

The Canadian Journal of Nursing was omitted because most nurses would receive it as part of their membership in the Canadian Nurses Association. No alternate titles were submitted to us so we proceeded with the original five. Thus far, the nurses seem happy enough with these choices.

Since the service began, six tabulations have been made of the total number of requests each month, the total number of pages photocopied and the number of requests from each journal.

The number of articles requested rose from 249 in the first mailing to a high of 778 in the August-September mailing. (Because of the differing publication dates of the journals, sometimes two months' worth are sent in one mailing.) A drop in the number of requests occurred in December, and it will be interesting to see whether this was a result of the approaching Festive

- I HUNTER, HEALTH SCIENCES LIBRARIAN, MEMORIAL UNIVERSITY OF NEWFOUNDLAND.

Season, or a waning interest once the novelty of the service had worn off.

The most popular journal by far was Patient Care, with 1250 requests since the service began. American Journal of Nursing had the second largest number of requests, 862, with JOGN, Nursing Forum, and Maternal Child Nursing Journal following. No attempt was made to enumerate or analyze the types of articles requested, although this will be done when the second year of the service begins.

A minor benefit to the library occurred during the slack summer season when normal photocopying decreases: a new photocopier had just been added and the additional pages copied for the Current Awareness service helped maintain our minimum requirement until "business as usual" resumed again in September.

In September, a questionnaire was sent to all those on the mailing list, asking that they respond to it whether or not they used the service. We received 52 replies, a response rate of 60%. As expected, very few answers were received from non-users (although there may have been some curses at their end at getting another survey in the mail!). The questionnaire was designed primarily to find out how we are serving our population and how we can better serve them, and also to glean a bit of information about the nurses themselves.

The group of nurses to whom the service is directed is composed for the most part of diploma graduates, although many of these have completed post-graduate work in midwifery and/or outpost nursing. They practice in Cottage Hospitals and Nursing Stations, which range in size from Black Tickle Nursing Station in Labrador (one bed, one nurse) to Botwood Cottage Hospital with 53 beds and many nurses. In many, if not most, instances, budgets of these facilities do not allow for the purchase of journal subscriptions or books, much less the establishment of libraries. In their replies, a number of nurses expressed gratitude for the service; several said they were unaware of being able to use the University Health Sciences Library services, although this fact has been publicized on a number of occasions.

A great many requests were made for a list of available AV materials; this is currently in preparation and will be sent out in early Spring. A few personal notes asked for improvements which the library, alas, cannot provide such as nursing inservice programmes, administration workshops, and so on.

One question asked the respondents' chief areas of interest with a view to more specific tailoring of the service to individual needs and interests. Nearly half of the replies mentioned community medicine and/or public health, with obstetrics, pediatrics, and emergency medicine also frequently mentioned.

It is perhaps not too early to judge the service a success, nor to plan for further refinements. Many SDI searches are performed each month for faculty physicians, so there seems no reason why this could not be offered to the outpost nurses as well.

The only thing lacking, in fact, seems to be a really good acronym. CAN-CAN (Current Awareness for Nurses in Canada) was discarded as being both frivolous and inaccurate unless we intend to really expand. CASON (Current Awareness Service for Outpost Nurses) somehow doesn't sing. Suggestions, anyone?

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NOUVELLES DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ (CISTI)

- EVE-MARIE LACROIX

Dans ce premier numéro de 1980, je passerai en revue quelques-uns des services offerts aux bibliothèques des sciences de la santé par l'entremise de notre centre. Je reprendrai dans le prochain numéro la série de descriptions des services de l'ICIST.

Le réseau MEDLINE du Canada continue de grandir : il comptait 78 centres actifs au ler janvier 1980. Le programme de formation du CBSS prend lui aussi de l'ampleur : séminaires spécialisés par groupes de fichiers, comme TOXLINE/CHEMLINE/RTECS, les fichiers sur le cancer et les fichiers de services techniques. On trouvera ci-dessous le calendrier des cours d'introduction de 3 jours organisés à l'ICIST. Ces séminaires portent sur le logiciel, les principes d'indexation, le vocabulaire MeSH et les nombreux fichiers offerts par la National Library of Medicine des Etats-Unis. Tous les intéressés peuvent y participer, le droit d'inscription étant de 30 $.

28-30	janv.	en anglais	7-9	juillet	en français
25-27	févr.	en français	28-30	août	en anglais
24-26	mars	en anglais	22-24	sept.	en anglais
5-7	mai	en français	20-22	oct.	en français
28-30	mai	en anglais	24-27	nov.	en anglais

On peut obtenir du CBSS une nouvelle brochure qui décrit le service MEDLARS canadien, y compris l'accès, la formation, le tarif et la gamme des fichiers.

L'édition de 1980 de Dépôts canadiens des revues indexées pour MEDLINE sera prête d'ici la fin de février. On y trouvera les dépôts et l'état de tous les périodiques indexés en vue de l'Index Medicus, ainsi que des titres supplémentaires en sciences infirmières, en art dentaire, en reproduction et en communication recensés dans le fichier MEDLINE. Ont été ajoutés cette année les titres indexés pour le Hospital Literature Index et Health Planning and Administration et relevant des directives du catalogue collectif de l'ICIST en ce qui concerne les sciences, les techniques et la médecine.

Périodiques commandés traitant des sciences de la santé dans les principales bibliothèques médicales du Canada sera publié tous les deux mois en 1980. Le tarif d'abonnement annuel de 6 $ reste inchangé.

Pour tous renseignements complémentaires, communiquer avec le CBSS, ICIST/CNRC, Ottawa (Ont.) K1A 0S2 (n°. del tél. 613-993-1604).

- E-M LACROIX, CHEF, CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ, L'ICIST

LETTRE À LA RÉDACTION / TO THE EDITOR

le 17 decembre 1979

Par l'intermédiaire du journal Bibliotheca Medica Canadiana je désire faire appel aux membres de l'Association afin d'avoir des renseignements sur le cours de Clinician Librarian. Existe-t-il un tel cours au Canada? Si oui, où se donne-t-il?

Through our Journal, I would like to ask the members of CHLA/ABSC if they know anything about the following course: Clinician Librarian. Is there a course like this in Canada? If so, where?

Merci beaucoup de votre collaboration; thank you very much for your help.

Line Crête
bibliothèque médicale
Hôpital St-Vincent
Ottawa, Ontario

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NEWS ITEMS

Pat Goddard, Dental Librarian at the W.K. Kellogg Health Sciences Library, Dalhousie University has left this position to become a reference librarian at the Health Sciences Library, University of Alberta. And Barbara Prince, Kellogg's librarian in charge of Circulation and External Services has now become the Head of Reference at the Dartmouth Regional Library.

Valerie Fortin, previously Assistant Catalogue Librarian at McGill Medical Library, is now head of Technical Services at the Macdonald College Library (Agriculture) of McGill University.

Dallas M. Bagby has accepted the position of Medical Librarian at St. Boniface General Hospital in Winnipeg. Previously, she worked on the clinical librarian project at the Health Sciences Centre, McMaster University. Shiela Lethbridge, a research assistant on the clinical librarian project, is now in charge of the library at the Orthopaedic and Arthritic Hospital in Toronto.

Barbara Greeniaus is the recently elected Anchor Chairman of the McGill Medical and Health Librarians Association, replacing outgoing chairman Ruth Stillman. Barbara is the Medical Librarian at the Montreal General Hospital.

Elizabeth Uleryk, previously Computer Services Librarian at the McGill Medical Library, is now residing in the sunnier climes of Missassauga, Ontario.

Miss Dorothy Fitzgerald, Librarian, Canadian Library of Family Medicine has been appointed Honorary Lecturer in the Department of Family Medicine at the University of Western Ontario, London, Ontario.

FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI
- EVE-MARIE LACROIX

In this, the first issue of 1980, I would like to review some of the services offered to health science libraries and librarians through our own centre. For those readers who are awaiting the next installment of the CISTI service-of-the-month feature, this will be found in the very next issue.

The Medline network in Canada continues to grow, with 78 active centres as of January 1, 1980. HSRC's training program is expanding as well, with the addition of specialized training seminars in database sets, such as TOXLINE/CHEMLINE/RTECS, the Cancer databases, and the technical services files. The schedule for the 3-day introductory courses offered at CISTI is presented below. The seminars cover the software system, principles of indexing, use of the MeSH vocabulary, as well as an introduction to the many databases available on the National Library of Medicine system. Seminars are open to all who wish to attend, at a cost of $30.00 per registrant.

Jan 28-30	English	Jul 7-9	French
Feb 25-27	French	Aug 28-30	English
Mar 24-26	English	Sep 22-24	English
May 5-7	French	Oct 20-22	French
May 28-30	English	Nov 24-27	English

A new brochure describing MEDLARS in Canada is now available from the HSRC. Details on access, training, costs and databases available are included.

The 1980 edition of Canadian Locations of Journals Indexed for Medline will be available by the end of February. This edition will contain locations and holdings for all titles indexed for Index Medicus, as well as the supplementary titles in nursing, dentistry, reproduction and communication included in the Medline database. New this year are those titles indexed for the Hospital Literature Index and/or the Health Planning and Administration database which fall within the boundaries of CISTI's Union List guidelines of science, technology and medicine.

Health Science Serials on Order in major Canadian medical libraries will be published bimonthly in 1980. The annual subscription cost will remain at $6.00.

For information on these and other services, seminars and publications, please write: HSRC, CISTI/NRC, Ottawa, Ontario K1A 0S2, or phone (613) 993-1604.

- E-M LACROIX, HEAD, HEALTH SCIENCES RESOURCE CENTRE, CISTI.

PUBLICATION ANNOUNCEMENTS

OTTAWA: CANADIAN NURSES ASSOCIATION

Index of Canadian Nursing Studies (1979) Complied by Margaret L. Parkin, former CNA Librarian. ISSN 0-919108-00-8. A cumulation of the 1974 edition, Index to Nursing Studies, the addenda for 1975-1977 and the data collected through 1978 to 31 January, 1979.

This is a master printout of all studies in our data bank and is not for sale.

Individual requests for data retrieval either by author or by subject are readily available to the following pricing schedule: 1-10 pages $3.00, 10-20 pages $5.00. Extra copies of each order, 50% of the above.

Nursing programs offered at Canadian universities, 1979-1980. ISSN 0706-3873.

General entrance for schools of nursing and schools of practical nursing, 1979/80. ISSN 0319-4787.

Outline of general academic entrance requirements for programs in nursing at Canadian universities, 1979-80, will be available about the end of February.

Orders should be sent to: Canadian Nurses Association, Library, 50 The Driveway, Ottawa, Ontario, K2P 1E2.

OTTAWA: ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

Répertoire des études canadiennes sur les soins infirmiers (1979) Compilé par Margaret L. Parkin, ancienne bibliothécaire de l'A.I.I.C. ISSN 0-919108-00-8. Cette édition des études canadiennes sur les soins infirmiers regroupe l'édition de 1974 du Repertoire des études canadiennes sur les soins infirmiers, l'addenda de 1975 à 1977, ainsi que les données recueillies depuis le début de 1978 jusqu'au 31 janvier 1979.

Cette édition originale, qui comprend toutes les études emmagasinées dans notre banque de données, n'est pas destinée a la vente.

Les particuliers peuvent toutefois obtenir le prélèvement de données par auteur ou par sujet moyennant les tarifs suivants: 1-10 pages $3.00, 10-20 pages $5.00. Exemplaire supplémentaire de chaque commande: 50% du prix de celle-ci.

Programmes d'études en sciences infirmières offerts par les universitées canadiennes, 1979-80. ISSN 0706-3873.

Niveau d'instruction générale exigé des candidates aux cours d'enseignement infirmier et d'auxiliaire en soins infirmiers, 1979/80. ISSN 0319-4787.

Niveau d'instruction exigé des candidates aux cours d'enseignement infirmier dispensés dans les universitées canadiennes 1979-80 sera disponible vers la fin de février.

Prière d'adresser les commandes à L'association des infirmières et infirmiers du Canada, Bibliothèque, 50, The Driveway, Ottawa, Ontario, K2P 1E2.

NEW CANADIANA (MICROFICHE)

Canadiana (Microfiche) has undergone a major redesign and will appear in a new register/index in January, 1980. The new microfiche is a continuation of Canadiana. Microfiche published by the National Library of Canada since 1978, but will feature several enhancements and improvements over the earlier version.

In content, Canadiana (Microfiche) will remain a COM (42:1 reduction) version of the monthly printed Canadiana, but will differ considerably in format and presentation. It will be published eleven times a year in two registers, each containing full bibliographic records of separate numerical sequences. Register 1 will include Canadian imprints and Register 2 foreign imprints of Canadian interest. The registers will be accompanied by six indexes which will provide access to the entries in both registers by authors, titles, and series, English and French subject headings, ISBN, ISSN and Dewey Decimal Classification. In most cases, the index entries will be sufficiently detailed to permit bibliographic verification without reference to the full record in the registers. Other special features include a continuous column or scroll format which is compact and easy to scan, and extensive use of separate analytical entries in the registers for monographic series and multivolume works, instead of listing them in contents notes.

Canadiana (Microfiche) is distributed six to eight weeks before the corresponding printed issue of Canadiana.

The subscription price for 1980 will remain unchanged from previous years at $80.00 in Canada, $96.00 in other countries (including the annual cumulation), payable in advance to the Receiver General for Canada. Enquiries, subscription orders and renewals for the new Canadiana (Microfiche) should be addressed to Canadiana Editorial Division, Cataloguing Branch, National Library of Canada, 395 Wellington Street, Ottawa, Ontario, K1A 0N4. Telephone: (613) 996-7275

NOUVELLE VERSION DE CANADIANA (MICROFICHE)

Canadiana (Microfiche) a été modifiée en profondeur et paraîtra sous la forme de registres et d'index en janvier 1980. Le nouveau service de microfiches, qui est le prolongement de Canadiana. Microfiche, publié par la Bibliothèque nationale du Canada depuis 1978, comprendra plusieurs améliorations.

Canadiana (Microfiche) continuera d'être une version COM (échelle de réduction 41:1) de la version imprimée de Canadiana, publiée mensuellement. Le contenu restera le même mais sera présenté sous une forme tout à fait différente. Les microfiches seront publiées onze fois par année en deux registres qui contiendront des notices bibliographiques complètes en séquences numériques distinctes. Le Registre 1 portera sur les éditions canadiennes et le Registre 2, sur les éditions étrangères d'intérêt canadien. Ils seront accompagnés de six index qui permettront de consulter les notices par auteur, titre collection, vedettes-matières française et anglaise, ISBN, ISSN et indice de classification décimale de Dewey. En général, les rubriques d'index seront suffisamment détaillées pour permettre de faire une vérification bibliographique sans avoir à consulter les registres pour obtenir la description bibliographique complète du document. La nouvelle microfiche comportera également une colonne continue ou format "rouleau" compact et facile à lire et des notices analytiques distinctes dans les registres pour les collections de monographies et les ouvrages à plusieurs volumes énumérés jusqu'à présent dans les notes de dépouillement.

Canadiana (Microfiche) est livrée six à huit semaines avant la

version imprimée de Canadiana.

L'abbonnement annuel à Canadiana (Microfiche) est toujours de $80 au Canada et de $96 à l'étranger (y compris la récapitulation annuelle). Toute commande doit être accompagnée d'un chèque ou mandat-poste établi à l'ordre du Receveur général du Canada. Les demandes de renseignements sur Canadiana (Microfiche), ainsi que les demandes d'abonnement et de réabonnement doivent être faites à l'adresse suivante: Division de la rédaction de Canadiana, Direction du catalogage, Bibliothèque nationale du Canada, 395, rue Wellington, Ottawa (Ontario) K1A 0N4. Téléphone: (613) 996-7275.

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THE INFERNAL TRIANGLE: UPDATE

- THE EDITOR

The last issue of the BMC (I, 159-161) reprinted a letter written to Pergamon Press. That letter, dated 1 October, 1959, had sought explanation of their policy of reprinting their journal, Pharmacology and Therapeutics, virtually unchanged as their monographic series: International Encyclopedia of Pharmacology and Therapeutics. In each case there was a lack of significant editorial emendation or clarification to warn subscribers to the latter title that they may be buying duplicated -- and often outdated -- material.

The October letter was followed up by a second letter, dated 11 December. Pergamon Press has still not replied. However, we have received a printed advertising sheet for the IEPT series which has, on reverse, a short subscription promotion for Pharmacology and Therapeutics. After the usual description of the journal is the note:

"When all the manuscripts covering a certain topic have been publisted, they are revaluated (sic) and, if necessary, updated, and then published as a definitive hard bound volume in the International Encyclopedia of Pharmacology and Therapeutics. This policy ensures that each article is published immediately and is not delayed by the late arrival of other manuscripts for the Encyclopedia volume."

Now, maybe I'm a little slower than the average librarian, but I have studied both sides of this advertising sheet at some length and I can't help forming the opinion that someone wants me to believe that the IEPT is more substantially current and comprehensive than what originally appears in Pharmacology and Therapeutics.

But is it really?

Section 102 of the IEPT contains 620 pages. Except for a six page index, the entire volume is a direct reprint of volume 5 of the journal.

Under the heading "new & forthcoming volumes" is advertised the 29 chapter volume of Section 101 of the IEPT. Nowhere does it state that at least 24 of these chapters were published in 1976-1977 and are reprinted unchanged.

A current subscription to the journal costs US$550. Each of the current volumes of the IEPT costs over US$100. Can libraries afford the costs of this duplicate publishing?

I don't think so. Neither does the New England Journal of Medicine which is approaching Pergamon Press to comment on this situation. An upcoming issue of that journal may shed more light on the problem of duplicate publishing.

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Mrs. Martha B. Stone (President)
Departmental Library Services
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Ottawa, Ontario K1A 0K9

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Science and Medicine Library
University of Toronto
7 King's College Circle
Toronto, Ontario M5S 1A5

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Nursing Library
McGill University
3506 University Street
Montréal, P.Q. H3A 2A7

Mrs. Eve-Marie Lacroix
Health Sciences Resource Centre
Canada Institute for Scientific
and Technical Information
National Research Council
Ottawa, Ontario K1A 0S2

Ms. Sandra Duchow (Treasurer)
Medical Library
Royal Victoria Hospital
687 Pine Avenue West
Montréal, P.Q. H3A 1A1

Mrs. Shiela Swanson (Secretary)
William Boyd Library
Academy of Medicine
288 Bloor Street West
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Mr. Germain Chouinard
Bibliothèque Medicale
CHU - Université de Sherbrooke
Sherbrooke, P.Q. J1H 5N4

Ms. Barbara E. Henwood
General Centre Medical Library
Health Sciences Centre
Winnipeg, Manitoba R3E 0Z3

Editor (Ex-officio)

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BMC CORRESPONDENTS / CORRESPONDANTS DE BMC

Ms. Donna Signori
514 - 425 Simcoe Street
Victoria, B.C. V8V 4T3

Ms. Sylvia Chetner
Medical Sciences Library
University of Alberta
Edmonton, Alberta T6G 2J8

Ms. Pamela Griffin
Medical Library
University of Calgary
Calgary, Alberta T2N 2T9

Ms. Barbara E. Henwood
General Centre Medical Library
Health Sciences Centre
Winnipeg, Manitoba R3E 0Z3

Ms. Barbara Prince
Health Sciences Library
Dalhousie University
Halifax, Nova Scotia B3H 3H7

Ms. Dorothy Fitzgerald
Canadian Library of Family Medicine
Health Sciences Library
University of Western Ontario
London, Ontario N6A 5C1

Ms. Pierrette Dubuc
Centre d'Information sur la Santé
de l'Enfant
Hôpital Sainte-Justine
3175 Chemin Sainte-Catherine
Montréal, P.Q. H3T 1C5

POSTSCRIPT

- THE EDITOR

I think I'm suffering from déjà vu. Déjà vu is the feeling that what is happening around you has all happened before (it's also the name of one of the more interesting ecdysiasts who frequent Winnipeg's watering-holes -- but that's another story). I'm sitting here, looking at a blank sheet of paper, listening to an unending stream of political commercials cascading forth from my radio. Even during a hockey broadcast yet! Somewhere, a little voice keeps asking: "Haven't we done all this before?"

Like last time, you have the advantage (?) over the writer in knowing the outcome of the election. Unlike last time, I'll refrain from making any apolitical comments about the futility of it all. I drew a few disgruntled responses for my remarks last April from people who didn't realize that my disdain for the electoral process stemmed from my being a nasty foreigner from across the pond who lacks the franchise rather than from any sage social insight. (I do also possess sage social insight but the pun lurking there is so awfully atrocious that I won't use it here.)

As this issue goes to press, both the editor and the publisher are busily fleeing the country. Purely coincidence, I assure you, and you won't find anything in these pages to justify both of us taking it on the lam. Mr. Crawford is off to Ireland whilst I'll be spending most of March as a library consultant in Israel. This is not to be taken as an excuse for all of you who are feverishly polishing off that magnum opus (that's an article, not a large bottle) for publication in the BMC. I shall be back at my desk, tanned hopefully, by 24 March and eagerly awaiting all the excellent submission which I'm sure will come pouring in. And if they don't, the result will be another issue as slender as this one.

In actual fact, I doubt that I'll be doing anything "eagerly" once I return to Winnipeg. Rumour has it that I will be checked into a rest home to recover from a 23 hours/9 time zones flight. Winnipeg is not overly blessed with ideal flight connections, meaning that by the time I made my arrangements I was stuck with flying to/from Tel Aviv via such cities as Zurich, Geneva and Athens, to say nothing of such exotic places as Toronto and Montreal.

Regular readers of the BMC will know of my unending struggle with being ignorant in one of Canada's official languages. (Hint: it's the other one.) One of the more intriguing aspects of this job is the unique delight of writing the editor's page, sending it off for translation, then "reading" the translation a month later and trying to guess what the english version was about. The excitement is hightened by the fact that I rarely remember anything I've written for more than a few days (originally, this was an essential survival technique but I've found it plays hell with the plots of some of my scripts). For this issue, I wrote page 4 in December (on the 26, if you're remotely interested) and received the translation on 5 February. Whilst I was scanning the French text, I discovered my boss peering over my shoulder (it's not that she supervises closely -- she's just short-sighted and always on the lookout for stray chocolate bars on my desk). As we muttered through the French together, I came across the phrase "avec une joie machiavelique" whereupon El Bosso cackled gleefully: "Gee, they know you as well as I do!"

Is it any wonder I'm leaving the country?

PS: Aren't you glad that my New Year's resolution (for 1980) was to use fewer parentheses in these pages?

Peace.